

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKJoseph OppersanoB&C #141-12-03854 at 18-18 Hazen st.Quad Upper 5 - A.M.K.C.

(In the space above enter the full name(s) of the plaintiff(s).)

HONORARY

RECEIVED JULY FILED

DOC# 1100

DATE FILED

DATE FILED

AMENDED  
COMPLAINT

under the Civil Rights Act,

42 U.S.C. § 1983

-against-

CITY OF NEW YORKDORA B. SCHIRO - CommissionerMayor Michael Bloomberg - NEW YORKHORIZON HEALTH SERVICES MANAGERDoctor RichardsJury Trial: ☒ Yes ☐ No

(check one)

12 Civ. 4302 (PAE) (JCF)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's Name Joseph Oppersano  
ID# 141-12-03854  
Current Institution AMKC - C95  
Address 18-18 Hazen street  
East Elmhurst, new York 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name CITY OF NEW YORK Shield # \_\_\_\_\_  
Where Currently Employed CORPORATION COUNSEL  
Address 100 Church street  
New York, New York 10007

Defendant No. 2 Name DORA B. SCHIRO Shield # \_\_\_\_\_  
 Where Currently Employed COMMISSIONER OF D.O.C.  
 Address 75-20 ASTORIA BLVD.  
EAST ELMHURST, NEW YORK 11370

Defendant No. 3 Name Mayor michael bloomberg Shield # \_\_\_\_\_  
 Where Currently Employed Gracie Mansion  
 Address CITY HALL NEW YORK CITY, NEW YORK

Who did  
what?

Defendant No. 4 Name DOCTOR RICHARDS SITE DIRECTOR Shield # \_\_\_\_\_  
 Where Currently Employed HORIZON HEALTH CARE SERVICES  
 Address 18-18 HAZEN STREET A.M.K.C.  
EAST ELMHURST, NEW YORK 11370

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

A.M.K.C.

B. Where in the institution did the events giving rise to your claim(s) occur?

INTAKE AREA MEDICAL IDENTIFICATION AND BEDDING FOR  
HOUSING AREA, CLOTHES BOX.

C. What date and approximate time did the events giving rise to your claim(s) occur?

THIS ISSUE OCCURED UPON MY INTAKE DATE OF WHICH IS NOT  
EXACTLY KNOWN TO THIS PLAINTIFF AT THIS TIME.

D. Facts: In approximately 2010 the NEW YORK CITY budget for the department of corrections eliminated the CORCRAFT and inner State facility mattress shop materials (BEDDINGS) for a more cheaper and cost effective bedding(((Mattress))) It was already in error for having beds all one size and not accomadating for people over 5'11" tall but it also chose to overlook health and other legal ramifications and detriment to the inmate population when they substituted the standard mattresses for non NEW YORK STATE STANDARD Mattress matys incomplete bedding sets and issued them to the full inmate population at rikers island. Causing the plaintiff extreme lower back pain and leg soreness. Mayor Bloomberg, Dora B Schriro , Corporation Counsel all are responsible to access a viable budgetary system in NEW YORK CITY to assure compliance with the State Correctional; health and hospital and chiropractic regulations for bedding et.al. in the City of New York Correctional System. That the failure to issue proper size bed frame and mattress as per individual is cause for the extreme leg and back pain. The fact that pillows are not given out to all of the detainees and not to the deponent is further cause as I am the sole victim of the defendants with neck pain as well The sad thing is that the manager of the CORIZON health services has also failed to declare an emergency and have the health department mandate emergency measures as the problem is of epidemic proportion

### III. Injuries: SEE MEDICAL RECORDS

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. EXTREME PAIN IN LOWER BACK AND NECK AND LEGS . Exacerbation of prior injuries . Extreme emotional distress as I cannot make a bed or mattress and everytime I am able to get an extra blanket to stuff with a sheet to build a mattress it is taken on the search.

Cruel and unusual punishment against the detainee herein as an individual and as a class of people is also a hate crime ..

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Since 2010 I have been in the following  
correctional facilities. A.M.K.C.

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes X No      Do Not Know     

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes      No X Do Not Know     

If YES, which claim(s)? They claim issue is a budget issue.

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes X No     

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes      No X

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

GRIEVANCE: FILED IN A.M.K.C. FACILITY

1. Which claim(s) in this complaint did you grieve? The mattress and Bed Frame size and style is inappropriate for my weight/height.

2. What was the result, if any? grievance declared they cannot do anything to fix the problem.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. contacted outside agencies sought appeal mechanism but was told there are none other than appeal through the courts.

- F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: not applicable.

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I filed the grievance and was told D.O.C. has to address this issue because the grievance department cannot do anything other than file the grievance. Called inspector General at 212 266 1900 and reported incident, and called 212 5773530 the prisoners rights project all investigations were pending. Wrote to health department, d.o.c. b.o.c. to seek emergency relief.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). compensatory damages 5,000,000.00 dollars., treble damages 45,000,000.00 dollars Nominal damages with costs and fees 100,000,000.00 dollars and for such other and further relief to be deemed just and proper in and under the extreme circumstances of this matter as the issue is known to the city and all defendants and they still fail to make concessions and reasonable accommodations for the plaintiff class.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On  
these  
claims

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_ No X

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_ No X

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18 day of JUNE, 2012.

Signature of Plaintiff



Inmate Number

141-12-03854

Institution Address

18-18 HAZEN Street  
EAST Elmhurst N.Y.  
11370.

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 18 day of JUNE, 2012, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:





**UNDER PENALTY OF LAW THIS  
TAG NOT TO BE REMOVED  
EXCEPT BY THE CONSUMER**

**ALL NEW MATERIAL  
Consisting of  
100% THERMALLY BONDED  
FIRE RESISTANT  
POLYESTER STAPLE**

**REG. NO. NC-769**

Certification is made by the manufacturer  
that the materials in this article are  
described in accordance with law.

**BOB BARKER CO. INC  
7925B PURFOY ROAD  
FUQUAY-VARINA, NC 27526**

**MADE IN USA**

The receipt herein are all  
from 2010 and are smaller  
than originally intended.

Manufactured by:  
Bob Barker Co., Inc.  
7925 Purfoy Road  
Fuquay-Varina, NC 27526

Date of Manufacture:

**JV0754GDBL**

Model:

Prototype ID: PJM25754-1

This mattress meets the requirements of  
16 CFR 1633 (federal flammability (open  
flame) standard for mattress sets) when  
used without a foundation.

**THIS MATTRESS  
IS INTENDED TO BE USED  
WITHOUT A FOUNDATION**

## **WARNING**

Improper cleaning and/or disinfection will shorten  
the life of this product.

### **Cleaning/Disinfection Instructions**

Soils and stains: use soft sponge with neutral  
suds and warm water.  
Hard to clean spots: use standard liquid  
household vinyl cleaners  
and soft sponge.  
Pre-soak if needed.

### **Do Not Use Harsh Cleaners or Solvents.**

Disinfection: dilute disinfectants and/or  
germicides as specified on  
manufacturer's product label.

**Use Disinfectants Only  
In Those Dilutions Recommended  
By the Manufacturer.**

Bob Barker Company, Inc. Fuquay-Varina, NC 27526



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facility. The approved facility for pillows and mattresses; their cleaning products are for thorough cleaning of their products, meanwhile Bob Barker products request standard liquid household vinyl cleaners .with a note do not use harsh cleaners, nor any harsh solvents . The disinfectants we use say dangerous to humans and domestic animals. These mats start at 4 inches but reduce in a quick pace to a lesser size and cause extreme back pain..Thata P.A. at WEST FACILITY CLININ 18 lower A.M.K.C. C-95 Cooper(phone -tic ) has personally eyewitnessed the mattresses and declared said mattresses to be too thin for human beings to sleep on, she is medical and declared this is a serious D.O.C. issue, and she issued medication for lower back pain see medical records.

**DO NOT REMOVE THIS TAG**  
**UNDER PENALTY OF LAW.**

ALL NEW MATERIAL CONSISTING OF  
**100% POLYESTER FILLING**  
**AND**  
**FLAME RETARDANT VINYL COVERING**

Reg. No. NY - 6389

MADE BY  
**EASTERN  
CORRECTIONAL  
FACILITY  
INDUSTRY**

**NAPANOCH, NY  
12458**

Open market sale  
Prohibited

EA035 (6/97)

Certification is made  
that the materials in this  
article are described in  
accordance with law.

LIBERTY L -670  
LIBERTY L-671  
Diamond Milcide

**THIS PRODUCT IS COVERED WITH..**



**DAF AB**

**CARE AND CLEANING RECOMMENDATION:**

**REMOVAL OF SURFACE SOIL AND STAINS**

Simply washing or brushing the stain with a mild neutral pH soap and warm water will achieve removal of surface soil and most surface stains. When brushing, use a soft bristle brush. Always rinse with warm water and allow to air dry.

**DISINFECTION**

When using a cleaning agent, always use mild disinfectants and only in the dilute concentrations recommended on the manufacturer's label. Never use concentrations higher than recommended, as damage to the product may occur.

**CAUTION**

Laundrying is not recommended. Solvent based and harsh cleaning detergents should not be used on DAF AB institutional fabrics.

# WARNING

Improper cleaning and/or disinfection will shorten the life of this product.

## Cleaning/Disinfection Instructions

**Soils and stains:** use soft sponge with neutral suds and warm water.

**Hard to clean spots:** use standard liquid household vinyl cleaners and soft sponge. Pre-soak if needed.

## Do Not Use

**Harsh Cleaners or Solvents.**

**Disinfection:** dilute disinfectants and/or germicides as specified on manufacturer's product label.

## Use Disinfectants Only

**In Those Dilutions Recommended By the Manufacturer.**

Bob Barker Company, Inc. Fuquay-Varina, NC 27526

**UNDER PENALTY OF LAW THIS  
TAG NOT TO BE REMOVED  
EXCEPT BY THE CONSUMER**

**ALL NEW MATERIAL  
Consisting of**

**100% THERMALLY BONDED**

**FIRE RESISTANT  
POLYESTER STAPLE**

**REG. NO. NC-769**

Certification is made by the manufacturer that the materials in this article are described in accordance with law.

**BOB BARKER CO. INC**  
7925B PURFOY ROAD  
FUQUAY-VARINA, NC 27526

**MADE IN USA**

The receipts herein are all from 1 mattress of which all of the mattresses come from the same company and are all declared to be too thin and not to verily be cleaned with the cleaners at N.Y.C.D.O.C. from their sister company corcraft and D.O.C.S.

Manufactured by:  
Bob Barker Co., Inc.  
7925 Purfoy Road  
Fuquay-Varina, NC 27526

Date of Manufacture:

Model:

Prototype ID: PJM25754-1

This mattress meets the requirements of 16 CFR 1633 (federal flammability (open flame) standard for mattress sets) when used without a foundation.

**THIS MATTRESS  
IS INTENDED TO BE USED  
WITHOUT A FOUNDATION**

# WARNING

Improper cleaning and/or disinfection will shorten the life of this product.

## Cleaning/Disinfection Instructions

Soils and stains: use soft sponge with neutral suds and warm water.

Hard to clean spots: use standard liquid household vinyl cleaners and soft sponge.

Pre-soak if needed.

## Do Not Use

### Harsh Cleaners or Solvents.

Disinfection: dilute disinfectants and/or germicides as specified on manufacturer's product label.

## Use Disinfectants Only

In Those Dilutions Recommended  
By the Manufacturer.

Bob Barker Company, Inc. Fuquay-Varina.

This exhibit has a compliant identification number 1932

JV30754GDBL of which is the main number for all of the mattresses

UNDER PENALTY OF LAW  
TAG NOT TO BE REMOVED  
EXCEPT BY THE CONSUMER

ALL NEW MATERIAL  
Consisting of

100% THERMALLY BONDED  
FIRE RESISTANT  
POLYESTER STAPLE

REG. NO. NC-769

Certification is made by the manufacturer that the materials in this article are described in accordance with law.

BOB BARKER CO. INC

P.O. BOX 429

FUQUAY-VARINA, NC 27526

MADE IN USA

Manufactured by:  
Bob Barker Co., Inc.  
7925 Purfoy Road  
Fuquay-Varina, NC 27526

Date of Manufacture:

Model: 1632 COMPLAINT  
JV30754GDBL  
Prototype ID: PJM25754-1

This mattress meets the requirements of 16 CFR 1633 (federal flammability (open flame) standard for mattress sets) when used without a foundation.

THIS MATTRESS  
IS INTENDED TO BE USED  
WITHOUT A FOUNDATION

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Joseph Oppersano B# 141-12-03854

Quad Upper 5 - AMKC

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

12 Civ. 4302 (PAE) (JCF)

- against -

City of New York

**AFFIRMATION OF SERVICE**

Dora B. Schiro - Commissioner

Mayor Michael Bloomberg - New York

Corizon Health Services Doctor Richards

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

I, Joseph Oppersano  
(name)

, declare under penalty of perjury that I have

served a copy of the attached Amended Complaint  
(document you are serving)

upon Pro SE Office whose address is United  
(name of person served)

States District Court Southern District of N.Y. 500 Pearl St room 230 N.Y.N.Y 10007  
(where you served document)

by Certified Mail  
(how you served document: For example - personal delivery, mail, overnight express, etc.)

Dated: East Elmhurst N.Y.  
(town/city) (state)

June 18, 2012  
(month) (day) (year)

[Signature] B# 141-12-03854  
Signature

18-18 Hazen Street  
Address

East Elmhurst New York  
City, State

11370  
Zip Code

N/A  
Telephone Number

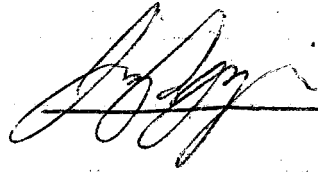
12 CIV 4302 (PAE) (JCF)

NOTE:

John Doe on original Complaint found is -  
Doctor Richards from Corizon  
Health Services located at  
18-18 Hazen Street East Elmhurst N.Y.  
11370

Governor Cuomo, dismissed from Amended Complaint  
for who was on the original complaint...

The above is True & correct...



6/18/12